STATE OF MARYLAND—CERTIFICATE OF DEATH OCCUPA 1. PLACE OF DEATH should County . Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) How long in U.S. if of foreign birth? Length of residence in city or town where death occurred PHYSI (a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DIVORCED (write the word) marrie BINDING 5a. If marriad, widowad, or divorcad HUSBAND of 22. (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE If LESS than Months Davs to have occurred on the data stated above, at 1 day ....- hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or\_\_\_\_min. 8. Trada, profession, or particular OCCUPATION kind of work dona, as SPINNER, RESERVED SAWYER, BODKKEEPER, atc. may back 9. Industry or business in which work was done, as SILK MILE SAW MILL, BANK, etc .. 1D. Date deceased last worked at 11. Total time (years) this occupation (month and spent in this occupation MARGIN 12. BIRTHPLACE (city or town) (Stata or country) FATHER 13. NAME 14. BIRTHPLACE (city or town) Nama of oparation plain (Stata or country) carefully What test confirmed diagnosis?. MOTHER 15. MAIDEN NAME important H OF DEATH 16. BIRTHPLACE (city or town (State or country Where did injury occur?... pe Spacify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE, hould very 18. BURIAL, CREMATION, DR REMOVAL Mannar of injury CAUSE Data Data Nature of injury LION 19. UNDERTAKER If so, specify 20. FILED Registrar.

If nonresident give city or town and State

Date of onset

That I attanded daceasad from

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homlolde?\_\_\_\_\_ Data of injury

(Specify city or town, county and State)

24. Was disaase or injury in any way related to occupation of decaased?

(Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

cause of death and related causes were as follows:  1 week ago
et car 1 week ago
3 days ago
itor causes of importance:
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V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 00672
1. PLACE OF DEATH	(3)
County Stew	Registration Dist. No. 20
Village or City Morton Ind R+Id	No. St., Ward
(If Length of residence in city or town where death occurredyrsmos	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?
2. FULL NAME Mary Francis 16	Brown
(a) Residence: No.	St., Ward,
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Yeer)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of  Fury Brown	22.   HEREBY CERTIEY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year)	Hast saw 12 alive on 20 ,1936; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, et 2. A. A.M.
10 ldey,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of importance were as follows:
1 8 Teade profession or particular	Valvalor heart chear a skin
SAWYER, BDOKKEEPER, etc.	and chronic established on
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc.  9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Oate deceased last worked at this occuration (month and	uphiles due to
SAW MILL, BANK, etc	staphylocurus mechon
this occupation (month and 19 ) spent in this occupation	
12. BIRTHPLACE (city or town) Colemans Morton. (State or country) Company Control	Other Camtribatary Causes of importance:
II 13. NAME DUNCHOWN	
14. BIRTHPLACE (city or town)	Name of operation Date of
(State or country)	What test confirmed diagnosis? Wes there an autopsy?
15. MAIDEN NAME Mary Jones	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Wary Jones  16. BIRTHPLACE (city or town) 4x 6x	Accident, suicide, or homicide?Oate of Injury19
X (State or country)	Where did injury occur?
17. INFORMANT Stans Brown (Address) Worton My	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Plece Collman md Oete Jan 14, 19:36	Nature of injury
19. UNDERTAKER BOND Will.	24. Was disease or injury in eny way related to occupetion of deceased?
20. FILED Jan 14, 1835 Melain. Registrar.	(Signed) Dr. Hyn Grehming M. D.  (Address) bustisting M. D.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Balismore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	a de la composition della comp	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage FIRN 4 1936 \$	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE F	OR	FURTHER	STATEMENTS	BY	PHYSICIAN
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			)
V. S. No. 1		MARGIN RESERVED FOR BINDING	NDING
N. B.	-WRITE PLAINLY, V	WITH UNFADING INK-THIS IS A PER	N. B.—WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-
(	mation should be carel	fully supplied. AGE should be stated E	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state
1	CAUSE OF DEATH in	n plain terms, so that it may be properly c	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.
)	TION is very importar	TION is very important. See instructions on back of certificate.	\

1. PLACE OF DEATH  County  And Marker  No.  No.  Length of residence in city or town whare death occurred.  YII	STATE OF MARYLAND—	CERTIFICATE OF DEATH	673
Village or City from Wellen.  (It death occurred in a horpital or institution, give its NAME instead of street and number)  (It death occurred in a horpital or institution, give its NAME instead of street and number)  (a) Residence: No.  (a) Residence: No.  (Usual place of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  PERSONAL AND STATISTICAL PARTICULARS  (a) RESIDENCE (Self or Converting to Capy)  (Nonth)  (Residence: No.  (Usual place of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  PERSONAL AND STATISTICAL PARTICULARS  (Residence: No.  (Usual place of abode)  PERSONAL AND STATISTICAL PARTICULARS  (Residence: No.  (Usual place of abode)  PERSONAL AND STATISTICAL PARTICULARS  (Residence: No.  (Nonth)  (Residence: No.  (Residenc	1. PLACE OF DEATH	93-20	
Village or City from Western (II death occurred in a horpisal or institution, give is NAME massed of arrest and number)  Length of residence in city or town whara death occurred yrs	County / Tent County	Registration Dist. No. 200	
Leagth of residence in city or town whate death occurred  2. FULL NAME  (a) Residence: No.  (b) Ward  (c) Residence: No.  (c) Ward  (d) Residence: No.  (e) Ward  (e) Residence: No.  (f) Usual place of abodo)  (f) If nomerident give city or town and State  MEDICAL CERTIFICATE OF DEATH  3. SEX  4. COLOR OR RACE  5. SINGE, MARIER, WINDWED, OR PIVORED (write the word)  No PROVERD (write the word)  (c) Wife of  (rear)  10. DATE OF BERTH (Month)  10. Date of onest  11. Date of onest  12. DATE OF BERTH (Month)  13. Take, protession, or; particular  SAWYER, BOOKKEPER, etc.  11. Total time (ward)  12. DIRTHPLACE (city or town)  (State or country)  13. NAME  14. DATE  15. BIRTHPLACE (city or town)  (State or country)  15. BIRTHPLACE (city or town)  (State or country)  15. BIRTHPLACE (city or town)  (State or country)  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  18. BIRTHPLACE (city or town)  (State or country)  18. BIRTHPLACE (city or town)  (State or country)  19. BIRTHPLACE (city or town)  (State or country)  10. BIRTHPLACE (city or town)  (State or country)  11. Horomant  12. BIRTHPLACE (city or town)  (State or country)  13. MAGE  14. BIRTHPLACE (city or town)  (State or country)  15. MAGENT NAME  16. BIRTHPLACE (city or town)  (State or country)  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  18. DEMANDER  18.	Village or City Than Workin	No.	Ward
(a) Residence: No.  (Usual place of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  PERSONAL OF OR PROBE CALL STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  OR PROBE CALL STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  OR PROBE CALL STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  OR PROBE CALL STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  OR PROBE CALL STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  OR PROBE CALL STATISTICAL PARTICULARS  S. SINGER, MARRIED, WIDOWED, Counterly be word)  OR PROBE CALL STATISTICAL OF DEATH  21. DATE OF DEATH  22. J HEREBY CERTIFY. That I attanded decessed from the difference of the differ			
PERSONAL AND STATISTICAL PARTICULARS  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  PINITAL  Which  S. SINCLE MARRIED, WIDOWED, OR PLOYDRED (World I) with the control of the control o	2. FULL NAME Margant T. Druyer	If U. S. Veteran, specify WAR	
PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  5. SINCLE MARRIED, WIDOWED, OR DIVORCED Cambrid by word with the provided with the provided with the word of divorced form of the word of the provided form of the word of the provided form of the word of the provided form of the word of word does, as PINNER, SAVYER, BOOKKEPER, etc.  5. Harde, profession, or particular and of word does, as PINNER, SAVYER, BOOKKEPER, etc.  5. Harde, profession, or particular word was does as SILK MILL, SAVWIRL, BARK, and word was does not extended diagnosis?  12. BIRTHPLACE (city or town). Savwirls and savwirls. Accident, savide, or homolide?  13. MAICEN NAME  14. BIRTHPLACE (city or town). Savwirls and savwirls and savwirls and savwirls and savwirls and savwirls. Accident, savide, or homolide?  15. BIRTHPLACE (city or town). Savwirls and savwirls			ata
2. SEX PERMANE OF COLOR OR RACE PRIVATED WILL S. HE MERTHAL WILLOWS OR PHYORE DE COUNTY OR PHYORE DE COLOR OR NACE OR PHYORE DE COLOR OR RACE OR PHYORE DE C			ate
53. If married widowed, or divorced HUBBANG or divorced (or) WIFE of Chan A Duryn  5. DATE OF BIRTH (nomin, day, and year) Aug 20 / \$6.3  7. AGE Years Months Oays ITLESS than I day, hrs. or min.  5. Tade, profession, or particular sind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. Solution of work was done, as SILK MILL, SAWYER, BOOKKEPER, etc. Solution of the decased last worked as the work was done, as SILK MILL, SAWYER, BOOKKEPER, etc. Solution of the decased last worked as the work was done, as SILK MILL, SAWYER, BOOKKEPER, etc. Solution of the decased last worked as the work was done, as SILK MILL, SAWYER, BOOKKEPER, etc. Solution of the decased last worked as the mine of the decased last worked as the more of the decased last worked as the solution of the decased last worked as a last work was done as the decase of importance.  12. BIRTHPLACE (city or town)	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	193 C
6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Oays  IT LESS than I day, and in its as a considerable of the constraint o	77.44.44.44	(Month) (Oay)	(Yaar)
7. AGE  Years  Months  Joays  If LESS than I day,hrs.  The PRINCIPAL CAUSE OF DEATH and related causas of importance ware as follows:  Oate of onest  The PRINCIPAL CAUSE OF DEATH and related causas of importance ware as follows:  Oate of onest  The PRINCIPAL CAUSE OF DEATH and related causas of importance ware as follows:  Oate of onest  The PRINCIPAL CAUSE OF DEATH and related causas of importance ware as follows:  Oate of onest  The PRINCIPAL CAUSE OF DEATH and related causas of importance  Oate of onest  The PRINCIPAL CAUSE OF DEATH and related causas of importance  Oate of onest  The PRINCIPAL CAUSE OF DEATH and related causas of importance  Oate of onest  The PRINCIPAL CAUSE OF DEATH and related causas of importance  Oate of onest  The PRINCIPAL CAUSE OF DEATH and related causas of importance  Oate of onest  The PRINCIPAL CAUSE OF DEATH and related causas of importance  Oate of onest  The PRINCIPAL CAUSE OF DEATH and related causas of importance  Oate of onest  The PRINCIPAL CAUSE OF DEATH and related causas of importance  Oate of onest  The PRINCIPAL CAUSE OF DEATH and related causas of importance  Oate of onest  The PRINCIPAL CAUSE OF DEATH and related causas of importance  Oate of onest  The PRINCIPAL CAUSE OF DEATH and related causas of importance  Oate of onest  The PRINCIPAL CAUSE OF DEATH and related causas of importance  Oate of onest  The PRINCIPAL CAUSE OF DEATH and related causas of importance  Oate of onest  The PRINCIPAL CAUSE OF DEATH and related causas of importance  Oate of onest  The PRINCIPAL CAUSE OF DEATH and related causas of importance  Oate of oate of outer  Oate of oater  Oate of oater  Oate of oater  Oater  Oate of oater  Oat	HUSBANO OF (OF) WIFE OF Yohn A Duryn		ceasad from
7. AGE  Years  Months  Joays  If LESS than I day,hrs.  The PRINCIPAL CAUSE OF DEATH and related causas of importance ware as follows:  Oate of onest  The PRINCIPAL CAUSE OF DEATH and related causas of importance ware as follows:  Oate of onest  The PRINCIPAL CAUSE OF DEATH and related causas of importance ware as follows:  Oate of onest  The PRINCIPAL CAUSE OF DEATH and related causas of importance ware as follows:  Oate of onest  The PRINCIPAL CAUSE OF DEATH and related causas of importance  Oate of onest  The PRINCIPAL CAUSE OF DEATH and related causas of importance  Oate of onest  The PRINCIPAL CAUSE OF DEATH and related causas of importance  Oate of onest  The PRINCIPAL CAUSE OF DEATH and related causas of importance  Oate of onest  The PRINCIPAL CAUSE OF DEATH and related causas of importance  Oate of onest  The PRINCIPAL CAUSE OF DEATH and related causas of importance  Oate of onest  The PRINCIPAL CAUSE OF DEATH and related causas of importance  Oate of onest  The PRINCIPAL CAUSE OF DEATH and related causas of importance  Oate of onest  The PRINCIPAL CAUSE OF DEATH and related causas of importance  Oate of onest  The PRINCIPAL CAUSE OF DEATH and related causas of importance  Oate of onest  The PRINCIPAL CAUSE OF DEATH and related causas of importance  Oate of onest  The PRINCIPAL CAUSE OF DEATH and related causas of importance  Oate of onest  The PRINCIPAL CAUSE OF DEATH and related causas of importance  Oate of onest  The PRINCIPAL CAUSE OF DEATH and related causas of importance  Oate of onest  The PRINCIPAL CAUSE OF DEATH and related causas of importance  Oate of oate of outer  Oate of oater  Oate of oater  Oate of oater  Oater  Oate of oater  Oat	6 DATE OF BIRTH (month day and year)	Hast saw her alive on Jan 125 19 36.	death le eairt
8. Trade, profession, or particular kind of work done, as SPINNER. Hower wife as follows:  9. Industry or business in which work was done, as SILK MILL, Some wife as follows:  10. Date decased last worked as the second month self was done, as SILK MILL, Some work was done to country)  12. BIRTHPLACE (city or town) State or country) Manufactory Manufactory Causes of importance:  13. NAME More work was done to external causes (VIOLENCE) fill in also the following:  14. BIRTHPLACE (city or town) Was there an autopay?  15. MAIDEN NAME More was done to external causes (VIOLENCE) fill in also the following:  16. BIRTHPLACE (city or town) Was there an autopay?  17. INFORMANT Manufactory Was done to external causes (VIOLENCE) fill in also the following:  18. BURIAL, CREMATION, OR SEMOVAL Manufactory Was disease or injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Mannar of injury  19. UNDERTAKER Manufactory Was disease or injury in any way related to occupation decased?		// // @	20011113 3010
8. Trade, profession, or particular wind of work done, as SPINNER, SAWYER, BOOKKEPPER, etc.  9. Industry or business in which work was done, as SPINNER, BOOKKEPPER, etc.  10. Oate dacassad last worked at this occupation (month and the cocupation occupation which work was done, as SILK MILL, SAM MILL, BANN, atc.  11. Distributory of business in which work was done, as SILK MILL, SAM MILL, BANN, atc.  12. BIRTHPLACE (city or town)  (State or country)  13. NAME  14. BIRTHPLACE (city or town)  (State or country)  15. MAIOEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  (State or country)  18. BURIAL, CREMATION, OR REMOVAL  Place  19. UNOERTAKER  19. UNOERTAKER  19. UNOERTAKER  19. UNOERTAKER  19. UNOERTAKER  19. UNOERTAKER  10. Oate of country in any way related to occupation of Recassed?		The PRINCIPAL CAUSE OF DEATH and related causes of importance	2.1.1
12. BIRTHPLACE (city or town) (State or country)  13. NAME  14. BIRTHPLACE (city or town) (State or country)  15. MAIOEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT (State or country)  18. BURIAL, CREMATION, OR REMOVAL (Addrass)  18. BURIAL, CREMATION, OR REMOVAL (Place  19. UNDERTAKER   19. UNDERTAKER  19. UNDERTAKER  10. The properties of importance:  Other Centributory Causes	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER BOOKKEEPER atc.		12
12. BIRTHPLACE (city or town) (State or country)  13. NAME  14. BIRTHPLACE (city or town) (State or country)  15. MAIOEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT (State or country)  18. BURIAL, CREMATION, OR REMOVAL (Addrass)  18. BURIAL, CREMATION, OR REMOVAL (Place  19. UNDERTAKER   19. UNDERTAKER  19. UNDERTAKER  10. The properties of importance:  Other Centributory Causes	9. Industry or business in which	Monda Musan dila	ye py
12. BIRTHPLACE (city or town) (State or country)  13. NAME  14. BIRTHPLACE (city or town) (State or country)  15. MAIOEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT (State or country)  18. BURIAL, CREMATION, OR REMOVAL (Addrass)  18. BURIAL, CREMATION, OR REMOVAL (Place  19. UNDERTAKER   19. UNDERTAKER  19. UNDERTAKER  10. The properties of importance:  Other Centributory Causes	SAW MILL, BANK, atc.	The contract of the contract o	/
13. NAME  14. BIRTHPLACE (city or town)  (State or country)  15. MAIOEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  (Addrass)  18. BURIAL, CREMATION, OR BEMOVAL  Place  19. UNDERTAKER  Manual  M	shaur in this 1.		
13. NAME	12. BIRTHPLACE (city or town), Nummylowille	Other Cantributory Causes of importance:	The Lu
What tast confirmed diagnosis? Was there an autopsy? 23. If death was due to external causes (VIOLENCE) fill in also the following:  16. BIRTHPLACE (city or town) Licil County. (State or country) Where did injury occur? (Specify city or town, county and State)  17. INFORMANT Addrass) Was there an autopsy? 23. If death was due to external causes (VIOLENCE) fill in also the following:  18. BURIAL, CREMATION, OR BEMOVAL Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  19. UNDERTAKER Majory L. Williams 24. Was disease or injury in any way related to occupation of decased? 24. Was disease or injury in any way related to occupation of decased?	The state of the state of	Olupus William - 9	and or
What tast confirmed diagnosis? Was there an autopsy? 23. If death was due to external causes (VIOLENCE) fill in also the following:  16. BIRTHPLACE (city or town) Licil County. (State or country) Where did injury occur? (Specify city or town, county and State)  17. INFORMANT Addrass) Was there an autopsy? 23. If death was due to external causes (VIOLENCE) fill in also the following:  18. BURIAL, CREMATION, OR BEMOVAL Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  19. UNDERTAKER Majory L. Williams 24. Was disease or injury in any way related to occupation of decased? 24. Was disease or injury in any way related to occupation of decased?	13. NAME Shomas L. Hins		/
What tast confirmed diagnosis? Was there an autopsy? 23. If death was due to external causes (VIOLENCE) fill in also the following:  16. BIRTHPLACE (city or town) Licil County. (State or country) Where did injury occur? (Specify city or town, county and State)  17. INFORMANT Addrass) Was there an autopsy? 23. If death was due to external causes (VIOLENCE) fill in also the following:  18. BURIAL, CREMATION, OR BEMOVAL Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  19. UNDERTAKER Majory L. Williams 24. Was disease or injury in any way related to occupation of decased? 24. Was disease or injury in any way related to occupation of decased?	14. BIRTHPLACE (city or town)	Name of oparation Oate of	
16. BIRTHPLACE (city or town)  (State or country)  Mere did injury occur?  (Specify city or town, country and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Addrass)  Mannar of injury  Place  Mannar of injury  Nature of injury  Nature of injury  19. UNOERTAKER  Mass disaase or injury in any way ralated to occupation of decaased?	(State or country) Manyland	What tast confirmed diagnosis? Was there an auto	opsy?
16. BIRTHPLACE (city or town)  (State or country)  Mere did injury occur?  (Specify city or town, country and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Addrass)  Mannar of injury  Place  Mannar of injury  Nature of injury  Nature of injury  19. UNOERTAKER  Mass disaase or injury in any way ralated to occupation of decaased?	15. MAIDEN NAME Anna E. / Loque	23. If death was due to external causes (VIOLENCE) fill in also the following:	
17. INFORMANT Blanch Ostline Specify whether injury occur?  18. BURIAL, CREMATION, OR REMOVAL Place Said Found Con 28, 1936  Mannar of injury Nature of injury  19. UNDERTAKER Mary In Milliams  24. Was disaase or injury in any way related to occupation of decaased?	6 16. BIRTHPLACE (city or town) Licil County.	Accident, suicide, or homicide? Date of injury	, 19
17. INFORMANT Affact Control of the	(State or country) Manyland		
Place Still and Lisa, Oata fan 28, 1936  Nature of injury  19. UNOERTAKER Magazing 1. Williams  24. Was disasse or injury in any way related to occupation of decaased?		Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE	E.
19. UNDERTAKER Mayorin 1. Williams 24. Was disaase or injury in any way related to occupation of decaased?	1 + 166	Mannar of injury	
	Place Ill Vand Lisa Oata and 8 , 19360	Nature of injury	
I so, spacify I so, spacify			
(Signat) tracelled fruit	Den 22 26 Whole Hamfand	1 1 1 1 1 1 1 1	
20. FILED from 190 f. M. O. Registrar. (Address) Cheslestacox ma		40 6	M. 0.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	11	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis - FR	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUDBY.	11		
. 8			
Other contributory causes of importance:	J	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

# STATE OF MARYLAND—CERTIFICATE OF DEATH

63	1.	10	10,	
0	U	1)	1	4

:	1. PLACE OF DEATH	
	County Kut	Registration Dist. No. 203
	Village or City Rock # all (1)	No. May Meek St., Ward f death occurred in a horpital or institution, give its NAME instead of street and number)
	D. I.I.	sds. How long in U.S. If of foreign birth? yrs. mos. ds.
	2. FULL NAME Voyalle Cours Ferrand	in
	(a) Residence: No. //www neck (Usual place of abode)	St., Ward.  If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
1	SEX  4. COLOR OR RACE  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  4. COLOR OR RACE  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Yeer)
5a.	If married, widowed, or divorced HUSBAND of	(1001)
	(Or) WIFE OF Cipriano terrandini	22. I HEREBY CERTIFY, That I attended deceased from  124 4 77 19 34 to 14 12 19 36
6.	DATE OF BIRTH (month, day, and year) Felv. 28 1866	I last saw h_ 12 alive on June 10 14 19 36 death is said
7.	AGE Years Months Days If LESS than	to have occurred on the date stated above, at 250 A.m.
	69 10 15 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
NO	8. Trade, profession, or particular kind of work done, as SPINNER.	ludo-nyocarditii Data of one at
ATI	9. Industry or business in which	augina pectoris
UP	work was done, as SILK MILL, own home	Chronie endocarditie Duration: not known.
OCCUPATION	10. Date deceased lest worked at this occupation (month and year)	Chronic myocarditie Duration, not known.
12.	BIRTHPLACE (city or town) Bullymore 1.	Other Contributory Causes of Importance:
_	(State or country) Mid	Paralytic stoke in heard 1935
FATHER	13. NAME augus hostmeyer	Hippertension
ATI	14. BIRTHPLACE (city or town) Survivaries	Name of operation Date of
-	(State or country)	What test confirmed diagnosis? Was there en au'opsy?
MOTHER	15. MAIDEN NAME Pylic Louise tercest	23. If death wes due to external causes (VIOLENCE) fill in also the following:
0	16. BIRTHPLACE (city or town) Bellymore	Accident, suicide, or homicide? Date of injury, 19
	(State or country) Will	Where did injury occur? (Specify city or town, county and State)
17.	INFORMANT Tou Edw. terrandoni (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18.	BURIAL, CREMATION/OR REMOVAL	Manner of Injury
	Place Thank NVIVa Clim. Date from 17, 1936	Nature of injury
19.	UNDERTAKER M. COTTA	24. Was disease or injury in eny way related to occupation of deceased?
20.	FILED Jan /2 , 1936 Mile To Box mains Registras.	(Signed) Allust G. Coursull M.D.  (Address) Rock Mall md.

m

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I		Example II	
The principal cause of importance were a Arteriosclerosis	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of cpilcpsy	Date of onset  1 week ago
Chronic interstitial neg	phritis GABA 1938	1921	Run over by street car	1 week ago
Cerebral hemorrhage	DAID A. 1855	July 5,1927	Peritonitis	3 days ago
	BINEAU V. S.			
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired tired 6 yrs). or given up on account of the DISEASE CAUSING DHATH. state occupation at beginning of illness. If retired from business, that fact may be indicated thus; Farmer ores gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed should be used only when needed. As evangue : " nuture of the hunness of industry, and theref can fulness of various pursuits can be known. The quescupation is very important, so that the relative health whatever, write Non played, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a line salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the wor" d on may form part of the second statement. Never return 'Laborer," "Foreman," "Nanager," "Deal-Spinner, (b) Cotton mill; (a) Salesman additional line is provided for the latter statement in Civil engineer, No theory jiromen, it. But in many cases, especially in inqualid employments, it is necessary to know to the kind of work and also b the the first line will be sufficient, e g. . Termor or Planter, tion applies to each and early person, irrespective of Statement of Occupation Precise statement of oc Physician, report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on or At Home, and children, not gainfully em-Furm lcharer, without more precise specification as Day Cap os or. For persons Laborer " 123, 134 ;" who have no occupation -Coul mine, etc. Wom-Lacomoline engineer.

Statement of Can e of Death—Name, first, the discasse of University of the precision with respect to time and caus for the gawas the same attempted term in the same discrete and same attempted term in the same discrete and samples: "crebrdanial fover (the can definite symmis pidemic care brospinal mentality). Depthheria avoid use of "Copples". Typhoid feror never report "Typhoid Pneumonia." The Lohar preumonia. Bronchopneumonia ("Pneumonia").

Manuerican Medical Association. "(Exhaustion," "Heart failure," "Haemorringe, "Inanition," "Marasmus," "Old Age," "Slock," "Uraemia," "Weakness," etc., when a definite disease atie), "Atrophy." "Collapse." "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Drcpsy," stated unless important. Example: Measles (Alsense as fracture of skull, and consequences e.g., seres, thousand may be stated under the head of "contributors" carbolic acid-probably sure ite. Then ture of the injury, accident; Revolver wound of head homicide; Poiss od by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine deficiely and qualify as ACCIDENTAL, SUICIDAL, OF HO HIGH taken. For violent deaths state means of injury State cause for which surgical operation was underean be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds., Bronchopneumonia (secondary), (secondary or intercurrent) affection Chronic interstitial nephrilis, etc. The contributory use of "Tumor" for malignant neoplasms); Me:sles, inges, peritonaeum, etc., Carcinoma, Sarcoma, unqualified, is indefinite); Tuberculosis of lungs, menecommendations on .... (name origin; "Cancer" is less definite; avaid Never report mere symptoms or terminal condicough, by Committee on Nomenclature of the 'Congenital,' "Senile,' etc.), "Dropsy," "Heart failure," "Haemorrhage, Chronic statement of cause of death intrutar heart etc.), "Dropsy, need not disease; etc., o

If this continuate is looked over thoroughly and all quantum answered in detail, it will prevent further correspondence. The data is essential and must be obtained before the certificate is permanently filed.

-WRITE PLAI

ż

1. PLACE O	F DEATH	7	(8x-a)	'
County Village or (	city Mean of	aleua Plarca	110	St., War
Length of res	sidence in city or town where		If death occurred in a hospital or institution, give its NAME instead of strissds. How long in U.S. if of foreign birth?yrs	
2. FULL NA  (a) Resider	0 - 1	what ge	If U. S. Veteran, specify WAR	
``		(Usual place of abode)	If nonresident give city or to	
		FICAL PARTICULARS	MEDICAL CERTIFICATE OF DEA	TH
Feur	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day)	, 193 <u>(</u>
Ta. If married, wide HUSBAND of (or) WIFE of	danu	Gleaves	22. NO NEASCASO alle	ttended deceased fro
DATE OF RIPTU	(month, day, and year)	aug. 15, 1867	I last saw h alive on	19; death is sa
	ars Months	Days If LESS than	to have occurred on the date stated above, at	
68 7	\$ 5V	1 day,hrs	The PRINCIPAL CAUSE OF DEATH and related causes of importan	
8 Trade profe	ession, or particular	l ormin.	were as follows:	Date of on
kind of	work done, as SPINNER, R, BODKKEEPER, etc.	Domestin.	2.0 M. H. M	
9. Industry or	business in which		The way of the same of the sam	
work was	as done, as SILK MILL, ILL, BANK, etc		Jaguput.	
this occi	sed last worked at upation (month and	I1. Total time (years) spent in this occupation		
12. BIRTHPLACE (d			Other Contributory Causes of Importance:	Seds
(State or cou	antry)	aryfund .	J. Dralysis of T. Side	193
13. NAME	W-	Villey		
14. BIRTHPLAC	E (city or town)		Name of operation	ate of
(31816.0	r country)	Maryland	Whet test confirmed diagnosis? Was the	nere an autopsy?
15. MAIDEN N	AME Cllen	Blake	23. If deeth was due to external causes (VIDL ENCE) fill in also the	following:
15. MAIDEN N	E (city or town)		Accident, suicide, or homicide? Date of injury	, 19
E   (State o	or country)	Tary Cand	Where did injury occur?	
7. INFORMANT _ /_ (Address)	4 curs ford	Aliano	(Specify city or town, county Specify whether injury occurred in INDUSTRY, in HOME, or in PUE	
18. BURIAL, CREMA	TION, OR REMOVAL	10	Manner of Injury	
Place D.C.	mis Vill?	Mal Dete Jan 19 = 1936	Nature of injury	
19. UNDERTAKER	John A Jo	bin & Son JCs	24. Was disease or injury In any way related to occupation of decea	
0	in al	a L	(Signed France Cel freeth	Corone
20. FILED.	4. 19.5 Reg	Juge fre	(Address Ollegle la in)	me

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial nephritis C	1921	Run over by street car	1 week ago
Cerebral hemorrhage FLB	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

# should state of OCCUPA. D. Every item of infor-Exact statement

STATE OF MARYLAND-CERTIFICATE OF DEATH

I. PLACE OF DEATH	(1/5%)
County Kent Co-	Registration Dist. No. 20 /
Village or City Chesterlown md.	No. Kart + up ner queen annes Sena Bt., Hoog & Word f death occurred in a hospital or infaitution, give its NAME intered of street and number)
	sds. How long in U.S.If of foreign birth?yrsmosds.
2. FULL NAME John H. Gref!	ith
(a) Residence: No. massey, md ()	St., Ward.
(Vsual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  Married	21. DATE OF DEATH 2.7 193 6
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND OF mabel griffith	22. I HEREBY CERTIFY. That i attended deceased from 1-27
6. DATE OF BIRTH (month, day, end year) June 12, 1909	I last saw h une elive on 1- 32- 1936; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 1.30 Pm.
29 32 7 / 1 day,hrs.	THE PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or particular	Ot coard bratting during 1-27-36
kind of work done, as SPINNER, farm Helper	- ones at the haine leven
Industry or business in which	under ansatlation or approximately
kind of work done, as SPINNER, farm Helper SAWYER, BOOKKEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and	Vont minutes!
10. Date deceased last worked at this occupation (month and 25-36 spant in this year)	3 0
year) occupation occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Massey, md	
(State or country)	-
13. NAME Bohnet. griffith	
14. BIRTHPLACE (city or town) Church Hell	Name of operation Oderson statement translating Date of 1-27-30
(State or country)	What test confirmed diagnosis? Samuelan Was there an au'opsy? Lo-
15. MAIDEN NAME Bertie Warusch	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Bertie War wich  16. BIRTHPLACE (city or town)  Masses  (State or country)	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur?
17. INFORMANT Sale Quen his ting	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Massey, on a Date Jon 30, 1936	- Nature of injury
Salala G. man	24. Was disease or injury in any way related to occupation of deceased?
19. UNDERTAKER SULGAN Skelew Morel (Address) Mid Ale lown hell	24. Was disease or injury in any way related to occupation or deceased?
	(Signed) OCDide M. D.
20. FILED Jan 27, 19 2 6 M.J. Neces	7 1111
20. FILED 19	(Address) Chestartown, U.S.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage:	July 5,1927	Peritonitis	3 days ago	
YUNGAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

1. PLACE OF DEATH County Kent	Registration Dist. No. 203
County	Parietzation Dist at 213
	registration Dist. No.
	No. St War
Length of residence in city or town where death occurredyrs/mas.	th occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?mosd
2. FULL NAME Ella Perry Vester.	d distribution of the state of
(1) P. 11 (1) (1) (1) (1)	
(Usual place if abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX  4. COLOR OR RACE  5. SMALLED, WIDOWED, OR D. SMALLED (write the word)  21.	1. DATE OF DEATH
. Windowed	, 193
5a. If menind, widowed, sediented / at James E. Perry	(tou)
(or) WIFE of 2 nd James Restet 22.	A strained deceased Hot
6. DATE OF BIRTH (month, day, and year)	, 1905, to fee 5
	last saw h. C. alive on Janua 3 h. d. , 1936; death is sal
6 ( I ay, The	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or particular	vere as follows:
SAWYER, BOOKKEEPER, etc.	chron. En le - huz ocar ditis
9. Industry or business in which work was done, as SILK MILL,	
SAW MILL, BANK, etc	Decompressation
this occupation (month and year) - occupation - occupatio	Civasurka
/ <b>()</b> Oth	other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	
13. NAME James Edeat CO. K	Typerlusion
13. NAME fames Eder, Clark  14. BIRTHPLACE (city of town) 10.0 Name	
(State or country)	ame of operation Date of
15. MAIDEN NAME OMANA CLASSES	hat test confirmed diagnosis?
	If death was due to external causes (VIOLENCE) fill in also the following:
	ccident, suicide, or homicide? Date of injury, 19 'here did Injury occur?
h 1211 11 00 11	(Specify city or town, county and State) pecify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
(Address)	and the second of the position in the position
18. BURIAL, CREMATION, OR REMOVAL	anner of Injury
Place Place Court Care Court	ature of injury.
19. UNOERTAKER Calph X Hulling 24. W	Was disease or injury in any way related to occupation of deceased?
(Addrage)	so, specify
20. FILED Jan. 7. 1936 Mrs. 7.13 Durding	(Signed) albert 9. Busyard M.D.
Registrar,  If more blanks are needed, address State Registrar 2411 N	(Address) Rock use

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Ex	ample I		Example II	
The principal cause of deat of importance were as follow Arteriosclerosis	h and related causes ws: FBB 2	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Chronic interstitial nephritis	SUNDAU V	1921	Run over by street car	1 week ago
Cerebral hemorrhage	TO ALLAU V.	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

STATE C	OF	MARYL	AND-	CERTIFI	CATE	OF	DEATH
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11	11	10	-0,	1)	
0	U	1)	1	1	

1. PLACE OF DE	ATH			(160.2)	
County Ken	t Cour	ty m	rangland	Registration Dist. No. 202.	
Village or City<			(II yrs,mos	No. Keryt + Opper Zuccis A Nive Gen. Hospitust., Ward f death occurred in a holpital or institution, give its NAME instead of street and number)  ds. How long In U.S. if of foreign birth? yrs. mos. ds.	
2. FULL NAME					
(a) Residence: No.	/	Jega		St. Ward.	
(a) Residence. No.	•	(Usual place	of abode)	If nonresident give city or town and State	
PERSONAL A	ND STATIST	ICAL PARTI	ICULARS	MEDICAL CERTIFICATE OF DEATH	
female or	LOR OR RACE		RIED, WIDOWED, D (write the word)	21. DATE OF DEATH  (Month) (Dey) (Yeer)	
5a. If merried, widowed, or d HUSBAND of	ivorcad			22. I HEREBY CERTIFY That I attended decreased from	
(or) WIFE of /Ye v	Noorn			22. I HEREBY CERTIFY, Thet I ettended deceesed from	
6. DATE OF BIRTH (month,	day and year) (	27-26		I lest saw h. & alive on, 19.7.4.; deeth is seld	
7. AGE Yaers	Months	Days	If LESS then	to heve occurred on the dete stetad ebova, at 1.2. P.m.	
Newborn	0	0	I day,hrs.	The PRINCIPAL CAUSE OF DEATH end releted causes of Importance ware es follows:	
8. Trede, profession, or kind of work dot SAWYER, BOOK! 9. Industry or business work was done, SAW MILL, BAN! 10. Deta decessad lest to this occupation (	ne, es SPINNER, (EEPER, etc	Yew borry	ime (yeers)	maternal Temmor Loga	
this occupation (1 year)  12. BIRTHPLACE (city or tow (State or country)	worked at month end ventor		ntin this upetion Newsker	Other Contributory Causes of Importance:	
# 13. NAME Medl	and X arrange	inter Ke	mer		
14. BIRTHPLACE (city or	town) Casts	0	0 1	Nema of operation Date of	
(Stata or country	)			Whet test confirmed diagnosis? Wes there en eulopsy?	
15. MAIDEN NAME Corathy May Kaphins  16. BIRTHPLACE (city or town) Contaville, Md.  (State or country)  17. INFORMANT Dorathy May Keyser Mother  (Address) Chester to war 1410.				23. If deeth wes due to extarnal causes (VIOLENCE) fill In elso the following:  Accident, suicide, or homicide?	
18. BURIAL, CREMATION, OF	REMOVAL	Dete 12	25-1936	Menner of Injury	
19. UNDERTAKER ALL	Sord of	afrey	452	24. Wes disease or injury in any wey reletad to occupetion decaased?	
20. FILED Jan 27	,1936	2V.J.	Hecks Registrar.	(Signet) M. D. (Address) Cellula M. D.	

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	Example 1		Example II	30.00
The principal cause of of importance were as f	death and related causes ollows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	HE DELVE	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephrit	is	1921	Run over by street car	1 week ago
Cerebral hemorrhage	El-18 4 7038	July 5,1927	Perilonilis	3 days ago
•	SEAUV. S.			
Other contributory caus	ses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

FOR BINDING

MARGIN RESERVED

	Registration Dist. No. 202
ertown, md-	No. Kent of green annes Curalt. Hospinota death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?yrsmosds.
my mc Hemmy -	
(Usual place of abode)	St., Ward.  If nonresident give city or town and State
TISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
lange - 10-36 .	22. I HEREBY CERTIFY, That I attended deceased from the Ucalle 19 to 19
n No viable	I last saw h alive on, 19; death is said
nths Days If LESS than	to heve occurred on the date stated above, at
orhrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
	Still buth about
IER,	7 months not viable
L, 6	her several days-
11. Total time (years) spant in this	
putal Chesterloin	Other Contributory Causes of Importance:
mc Henry	
Boules	D
Ra	Name of operation
l ho Coment Willes	What test confirmed diagnosis?
Worton - Kent co -	Accident, suicide, or homicide? Date of injury, 19
moderation.	Where did injury occur?
seph mc Henry	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
make, mas	Manner of injury
Date Jon 11 ~ 1986	Nature of Injury
911:11:1	24. Was disease or injury In any way related to occupation of decessed?
dwill Md	If so, specify
The Joseph Registrar.	(Signed) & Saul It Lutte M. D. (Address) Checkester my
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Chronic interstitial nephriti	WILEYEDAY: V	1921	Run over by street car	1 week ago	
Cerebral hemorrhage		July 3,1927	Peritonitis	3 days ago	
Other contributory causes	of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE FO	R FURTHER	STATEMENTS	BY	PHYSICIAN
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Registrar.

If more blanks are needed, address State Registrar, 2

Ward

1					
yu.	If U. S. Vete	ran, specify W	AR		
St.,	Ward.				
		If nonr	esident give o	ily or town a	nd State
	MEDICA	L CERTIFIC	CATE OF	DEATH	
21. DAT	E OF DEAT	'H		350	h
		(Month)		(Day)	, 193.
	Mr. Inches	(Wonth)		(Uay)	(Year)
22. Ja	1 HERE	DY CER	TIFY, I	hat 1 ettende	d deceased from
I last saw h	Alive of	, tare	1/2	1 19.3	6; deeth is said
to heve occ	urred on the date	stated ebove, at_	0-13	.m.	
	IPAL CAUSE OF	DEATH end relete	ed ceuses of i	importance	
were es fol	nows.	1	>		Date of onset
	100	8-1	Wece	More	0000
	000				
			•••••		
Other Coat	tributory Causes of	Importance:	a		0
(	ateu	vaan	1	1 -0	Jan 24
		).	Pre	, week	
	)	1150			
Name of op	peration	we		Date of	
Whet test c	confirmed diagnosi	s? 26		. Was there e	n eutopsy?
23. If death	was due to extern	el causes AIDLE	NCE) fill In a	Iso the follow	ing:
Accident, s	uicide, or homicid	e? No	Date	of Injury	0 19
Where did	Injury occur?				
	ether injury occur	(Specify	city or town	county and S	tate)
Specify wit	ether injury occus	ied in intoosiki	, in nome,	A III I ODLIG I	LACE.
Manney of	Industria	None			
Manner of					
Neture of i	njury				7. 41
24. Was dise	ese or injury in	eny wey releted to	occupetion	of deceesed?	
If so, speci	ify		W		
(Signe	d)	up /	an	up	/M. D.
	(Address)	hester	Moure	mo	~
III N. Char	les Street, Baltimo	re, Requesting V.	S. No. 1.		

V. S. No.

-WRITE

M

17. INFORMANT

19. UNDERTAKER

(Address)

18. BURIAL, CREMATION, OR REMOVAL

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rion is

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:  Gallstones	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year

County

CAUSE mation LION

#### STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) How long in U.S. if of foreign birth?\_\_\_\_\_vrs.\_\_\_\_mos.\_\_\_\_ds. If U.S. Veteran specify WAR..... (Usual place of abode) If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DIVORCED (write the word) (Month) (Day) 22. ERTIFY. That I attended deceased from Months Davs If LESS than to have occurred on the date stated above, at \_\_\_\_\_\_ 1 day ..... hrs The PRINCIPAL CAUSE OF DEATH and related causes of importance or .... min.

2. FULL NAME (a) Residence: No PERSONAL AND STATISTICAL PARTICULARS 3. SEX 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Date of enset 8. Trade, profession, or particular OCCUPATION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL SAW MILL, BANK, etc. 10. Date deceased last worked at 11. Total time (years) this occupation (month and spent in this occupation \_ Other Coutributory Causes of importance: 12. BIRTHPLACE (city or town (State or country) FATHER 13. NAME 14. BIRTHPLACE (city or town) Name of operation\_ (State or country) What test confirmed diagnosis?\_\_\_\_\_ Was there an au opsy?\_\_ MOTHER 15. MAIOEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: 16. BIRTHPLACE (city or town). Accident, suicide, or homicide?\_\_\_\_\_ Date of injury\_\_\_\_\_\_ 19\_\_\_\_ (State or country Where did injury occur?\_\_\_\_ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of injury Nature of Injury. 24. Was disease or injury In any way related to occupation of Deceased 19. UNDERTAKER (Address) If so, specify Registrar

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Gallstones	May 1,1923	Gastroenteritis	1 year

certificate.

# STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH		- Joseph	200
County /Cun/		Registration	Dist. No. 200
Village or City Mean	Haleua	No	StWard
Length of residence in city or town	1	If death occurred in a hospital or institution, give its NAM.  S. How long in U.S. if of foreign birth?	AA
10	of the AD and		
2. FULL NAME LANG	May 11. Nekelty	If U. S. Veteran, specify WAR	
(a) Residence: No.	(Usual place of abode)	St., Ward.	i give city or town and State
PERSONAL AND STAT	TISTICAL PARTICULARS	MEDICAL CERTIFICAT	
3. SEX 4. COLOR OR RAC		21. DATE OF DEATH	
m. m	OR DIVORCED (write the word)	Jan.	14 , 193 6
he if merried widowed or diversed	Augh	(Month)	(Day) (Yeer)
5a. If merried, widowed, or divorced HUSBAND ot (or) WIFE of	V	22. A I HEREBY CERTIF	Thet I attended deceased from
(0),	hor	1906, to	per 14 , 1905
6. DATE OF BIRTH (month, day, end yeer)	100 13-1919	Mast saw holder elive on	1. 4 190 C ; death is seld
7. AGE Yeers Mont	ths Deys If LESS then	to have occurred on the dete stete above, et. 6	<b>O</b> m.
17 /	2 <b>2</b> 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH end related ceu were establigms:	
8. Trede, profession, or particular	4 4	Tolas Price	corces Date of paget
kind of work done, es SPINNE SAWYER, BOOKKEEPER, etc	R. Farm tabores	4	///
kind of work done, es SPINNE SAWYER, BOOKKEEPER, etc Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc	Property and the Party of the San		
SAW MILL, BANK, etc.			
- I this occupation (month and	11. Total time (yeers) spent in this		
year)	occupation	Other Contributory Causes of importence:	
12. BIRTHPLACE (city or town)	ml G. Ma		
(State or country)	any Dala		
13. NAME & C. 73.	Schille		
13. NAME  14. BIRTHPLACE (city or town)	hy /	Name of operation	Date of
(State or country)		Whet test confirmed diegnosis?	Wes there en eutopsy?
15. MAIDEN NAME	a M. Clough	23. If deeth wes due to externel causes (VIOLENCE)	fill in also the following:
16. BIRTHPLACE (city or town)	ma o	Accident, suicide, or homicide?	Dete of injury
(Stete or country)	evel .	Where did injury occur?	
17. INFORMANT C. 13.	Saller.	Specify whether injury occurred in INDUSTRY, in H	or town, county and State)
(Address)	7		
18. BURIAL, CREMATION, OR REMOVAL		Menner of injury	
Plece Sudlewill	Dete 7 , 1976	Nature of injury	
1 0	Jalen & Som	24. Wes disease or injury In any way related to occu	pation of deceased?
19. UNDERTAKER (Address)	malente	If so, specify	p-1101 07 400000001-11-12-12-12-12-12-12-12-12-12-12-12-12
	la de in	(Signed) Musel 1	Prec M.D
20. FILED	Registrary	(Address) Unit	Userela has

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example II Example I The principal cause of death and related causes\_ Date of onset The principal cause of death and related causes Dete of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL S	SPACE F	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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mation should be carefully supplied.

N. B.-WRITE PLA

STATE OF	MARYLAND—	CERTIFICATE OF	DEATH	00684
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1. PLACE OF DEATH	- M.Z)
County Kesst	Registration Dist. No. 204
Village or City Fairlee	No. St Ward
i.ength of residence in city or town where death occurredyrs	(If death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?mosds,
A 71 . P	ruls
(a) Residence: No. +airles	
(Usual place of abode	in monitoridating give city of town and plate
PERSONAL AND STATISTICAL PARTICULA	
3. SEX 4. COLOR OR RACE OR DIVORCED (write	(the word) / 1936
5a. If married, widowed, or divorced HUSBANO of	(1001)
(or) WIFE of Falter F. Sparks	22. I HEREBY CERTIFY. That I attended deceased from left 16 1935, to July 4 1936
6. DATE OF BIRTH (month, day, and year) 07 2 3 186	
7. AGE Years Months Days If	LESS than to have occurred on the data stated above, at 2 30 D m
	7,hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work dona, as SPINNER.	Cazes noma of Stomals Date of onset
kind of work dona, as SPINNER, Housework SAWYER, BOOKKEEPER, etc. Housework  9. industry or business in which	Buto majocar Silis chronica
SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation from the companion (months and the companion (month	
Spent in this	rs)
· · · · · · · · · · · · · · · · · · ·	Othar Contributory Causes of importance;
12. BIRTHPLACE (city or town) Keut Co (State or country) Held	
- 1	Typerlusion
1	
14. BIRTHPLACE (city or town) / eurosylvania (State or country)	
15. MAIDEN NAME Paral 4. Sharls	What test confirmed diagnosis? Was thera an autopsy? 23. If death was due to external causas (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Auditus title to the comments of the comments
17. INFORMANT - Ray woul Sparks (Address) Columbia to an # 2 Cu	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury Nature of Injury
19. UNDERTAKER R. Ellis Classe (Address) Denton hid.	24. Was disease or injury In any way related to occupation of deceased?  If so, specify
20. FILED Jan 6, 1936 F. Or Sinth	(Signed) Albert G. Burgare M.D. Registrar. (Address) Rock hall in
	( ) and the stand of the stand of the stand of a stand of the stand of

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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of importance were as follows:  Arteriosclerosis  Chronic interstitial nearitis  Cerebral hemorrhage  Other contributory causes of importance:  of importance were as follows:  Attack of epilepsy  1 w.  Peritonitis  3 do  Other contributory causes of importance:		Example I		Example II	
Cerebral hemorrhage  Other contributory causes of importance:  1921 Run over by street car  1 we describe the street car  2 describe the street car  3 describe the street car  4 describe the street car  5 describe the street car  6 describe the street car  6 describe the street car  7 describe the street car  9 descr	principal cause of deportance were as fo	eath and related causes	Date of onset		Date of onset
Other contributory causes of importance:  Other contributory causes of importance:	iosclerosis	EVE	1915	Attack of epilepsy	1 week ago
Other contributory causes of importance:  Other contributory causes of importance:	ic interstitial ne Aritis	FED A 1000	1921	Run over by street car	1 week ago
Other contributory causes of importance:  Other contributory causes of importance:	ral hemorrhage	FJPD g.	July 5,1927	Peritonitis	3 days ago
		BUREAU		f	
	r contributory caude	of importance:		Other contributory causes of importance:	
Gallstones May 1,1923 Gastroenteritis 1	tones		May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE	OF	MARYLAND-CERTIFICATE	OF	DEATH

0	62	13	7 .	Pro
11	II	10	1	b ,
V	V	1)		9 :

	1. PLACE OF DEATH	92-0
Village or City  No.  (If death occurred in a horpital or institution, give in NAME_instead of steret and number)  Length of residence in city or forw where death occurred.  Yr.  Mon.  d.  How long in U. S. if of foreign birth?  Yr.  Mon.  d.  How long in U. S. if of foreign birth?  Yr.  Mon.  d.  How long in U. S. if of foreign birth?  Yr.  Mon.  d.  How long in U. S. if of foreign birth?  Yr.  Mon.  d.  How long in U. S. if of foreign birth?  Yr.  Mon.  d.  How long in U. S. if of foreign birth?  Yr.  Mon.  d.  How long in U. S. if of foreign birth?  Yr.  Mon.  d.  How long in U. S. if of foreign birth?  Yr.  Mon.  d.  How long in U. S. if of foreign birth?  Yr.  Mon.  d.  How long in U. S. if of foreign birth?  Yr.  Mon.  MEDICAL CERTIFICATE OF DEATH  21. DATE OF DEATH  22.  Lat Early CERTIFY, That I attended deceased from the data stated above, at Lat 20 m.  The PRINCIPAL CAUSE OF DEATH and related course of importence, was at topic.  Yes at law or an authority of the state of the data stated above, at Lat 20 m.  The PRINCIPAL CAUSE OF DEATH and related course of importence, was at topic.  Yes at topic.  San Hall, Baffk, fat.  10 10 Date deceased in which all this coccupation month and sociupation of the data stated above, at Lat 20 m.  The PRINCIPAL CAUSE OF DEATH and related course of importence, was at topic.  Yes at topic.  Yes at topic.  San Hall, Baffk, fat.  11. Total line (years) spont in linis occupation month and spont in linis occu	County Sent	Registration Dist. No. 202
2. FULL NAME  (a) Residence: No.  (b) (b) (b) (b) (b) (b) (b) (b) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c		No. St., Ward If death occurred in a horpital or institution, give its NAME instead of street and number)
(a) Residence: No.  Clustaphere of shode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  5. WIDOWED  Cort Wife of  Cort Wife	Length of residence in city or town where death occurredyrs,mo	sds. How long in U.S. if of foralgn birth?yrsmosds.
PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  5. WIDOWED.  (write the word)  6. DATE OF BIRTH (month, day, and yaar)  7. AGE  Years  Months  Days  IT LESS than 1 day,	2. FULL NAME Sarah Sakel Loul	ern
PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  5. WIDOWED  (Gr) WIFE of Wildows  (Gr) WIFE of Wildows  6. DATE OF BIRTH (month, day, and yaar)  6. DATE OF BIRTH (month, day, and yaar)  7. AGE  Yaars  Months  Days  1/ LESS than  1/ day.  1/ day.  1/ The PRINCIPAL CAUSE OF DEATH  1/ Date of emest  Wild Wife of Work done, as SPINNER, SAWTER, BOURKEEPR, atc.  1/ Houstry or businass in which SAWTER, BOURKEEPR, atc.  1/ Houstry or businass in which SAWTER, BOURKEEPR, atc.  1/ Houstry or businass in which SAWTER, BOURKEEPR, atc.  1/ Houstry or businass in which SAWTER, BOURKEEPR, atc.  1/ Houstry or businass in which SAWTER, BOURKEEPR, atc.  1/ Houstry or businass in which SAWTER, BOURKEEPR, atc.  1/ Houstry or businass in which SAWTER, BOURKEEPR, atc.  1/ Houstry or businass in which SAWTER, BOURKEEPR, atc.  1/ Houstry or businass in which SAWTER, BOURKEEPR, atc.  1/ Houstry or businass in which SAWTER, BOURKEEPR, atc.  1/ Houstry or businass in which SAWTER, BOURKEEPR, atc.  1/ Houstry or businass in which SAWTER, BOURKEEPR, atc.  1/ Houstry or businass in which SAWTER, BOURKEEPR, atc.  1/ Houstry or businass in which SAWTER, BOURKEEPR, atc.  1/ Houstry or businass in which SAWTER, BOURKEEPR, atc.  1/ Houstry or businass in which SAWTER, BOURKEEPR, atc.  1/ Houstry or businass in which SAWTER, BOURKEEPR, atc.  1/ Houstry or businass in which SAWTER, BOURKEEPR, Bot.  1/ Houstry or businass in which SAWTER, BOURKEEPR, Bot.  1/ Houstry or businass in which SAWTER, BOURKEEPR, Bot.  1/ Houstry or businass in which SAWTER, BOURKEEPR, Bot.  1/ Houstry or businass in which SAWTER, BOURKEEPR, Bot.  1/ Houstry or businass in which SAWTER, BOURKEEPR, Bot.  1/ Houstry or businass in which SAWTER, BOURKEEPR, Bot.  1/ Houstry or businass in which SAWTER, BOURKEEPR, Bot.  1/ Houstry or businass in which SAWTER, BOURKEEPR, Bot.  1/ Houstry or businass in which SAWTER, BOURKEEPR, Bot.  1/ Houstry or businass in which SAWTER, BOURKEEPR, Bot.  1/ Houstry or businass in which SAWTER, BOURKEEPR, BOT.  1/ Houstry or busi		
3. SEX  4. COLOR OR RACE  5. WIDOWED (write the gold)  1. Widowed, (cr) WiFe of Mulbourn Q. Loulon (write the gold)  2. LI HERE BY CERT IFY, That I attended daceased from Jay 1936.  2. LI HERE BY CERT IFY, That I attended daceased from Jay 1936.  2. LI LISS than 1 day hrs. of 1937. to		
Sa. If widowed, (Cor) WiFE of Pullbourn Q. Jewland  6. DATE OF BIRTH (month, day, and year) Co. J. 18, 1855  7. AGE Years Months Days If LESS than 1 day hrs. or min.  8. Trade, profession, or particular kind of work done, as SPININER, SAWYER, BOOKKEPER, atc	a any	
Cor) WIFE of Mulbourna Q. Josephan Co. 18/855  6. DATE OF BIRTH (month, day, and year)  6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Days  IT LESS than  1 day,hrs. Ormin.  The PRINCIPAL CAUSE OF DEATH and related access of importence, was as follow work does as SPINNER, SAWYER, BOOKKEPER, atc.  SAWYER, BOOKKEPER, atc.  SAWYER, BOOKKEPER, atc.  SAWNER, BOOKKEPER, atc.  SIRTHPLACE (city or town)  (State or country)  Manual of operation.  Date of country)  Manual of operation.  Name of injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Name of injury.  Name of injury.  Name of injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Name of injury.  Name of injury in any way raleted to occupation of dacassed?  (Address)  Nature of injury in any way raleted to occupation of dacassed?  (Address)  Nature of injury in any way raleted to occupation of dacassed?  (Signad)  M. D.	F. W. Widowi	Jan. 13, 1936
6. DATE OF BIRTH (month, day, and year)  7. AGE  Yaars  Months  Days  If LESS than 1 day,hrs. ormin.  The PRINCIPAL CAUSE OF DEATH and ralated causes of importence was as SPINNER. SAWYER, BOOKEEPER, at c  10. Date decasead last worked at this occupation (month end year)  10. Date decasead last worked at this occupation (month end year)  Other Costributory Causes of importance:  11. Total time (years) spant in this occupation  Other Costributory Causes of importance:  12. BIRTHPLACE (city or town) (State or country)  13. NAME  14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT (Addrass)  18. BURNAL, CREMATION, OR REMOVAE Place (Address)  19. Were did injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of injury Nature of inju		The state of the s
7. AGE Years Months Days If LESS than to have occurred on the data stated above, at 7.4 mm.  10. Trade, profassion, or particular Red Profassion, or particu	6. DATE OF BIRTH (month, day, and year) Cest. 18,1855	
8. Trade, profession, or particular kind of work done as SPINNER, SAWER, BOOKEREPER, alc.  9. Industry or business in which SAW MILL, BANK, atc.  10. Date deceased lest worked at year)  12. BIRTHPLACE (city or town).  (State or country)  13. NAME  14. BIRTHPLACE (city or town).  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town).  (State or country)  17. INFORMANT  (Addrass)  18. BURIAL, CREMATION, OR REMOVAL  Place  19. UNDERTAKER  (Address)  19. UNDERTAKER  (Address)  19. UNDERTAKER  (Address)  19. UNDERTAKER  (Address)  19. UNDERTAKER  (Signad)  M. D.  Date of onset  Manier of injury  Namin.  Manier of injury  Nature of injury  Natur	The East than	to have occurred on the data stated above, at 74. m.
Barthelace (city or town)  (State or country)  15. MAIDEN NAME  (State or country)  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  (State or country)  18. BURIAL, CREMATION, OR REMOVAL  Place  Place  (Address)  18. BURIAL, CREMATION, OR REMOVAL  Place  (Address)  19. UNDERTAKER  (Address)  19. UNDERTAKER  (Address)  18. Date of particular  Kind of work done, as SPINNER, SAWYER, BOOKKEPER, atc.  19. Interview of the provided of the provided of the particular		wara as follows:
SAW MILL, BANK, etc.  10. Date decasad last worked at this occupation (month end year)  Shart for country)  11. Total time (years)  spant in this occupation (month end year)  State or country)  12. BIRTHPLACE (city or town)  (State or country)  13. NAME  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  (Addrass)  18. BURIAL, CREMATION, OR REMOVAL  Placa  19. Where did injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  19. Was disease or injury  Nature of injury  19. Where of injury  19. Was disease or injury in any way related to occupation of decassed?  If so, specify  (Signad)  M. D.	8 Trade profession or particular	Multiple Date of onset
SAW MILL, BANK, etc.  10. Date dacasad last worked at this occupation (month end year)  Shart file occupation (month end year)  12. BIRTHPLACE (city or town)  (State or country)  13. NAME  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  (Addrass)  18. BURIAL, CREMATION, OR REMOVAL  Placa  19. So PileD  Manuer of injury  Nature of injury  Nature of injury  19. Whore did injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  24. Was disease or injury in any way related to occupation of dacassed?  If so, specify  (Signad)  M. D.	9-Industry or businass in which	- Ch Cora
Other Contributory Causes of importance:   Other Contributory Causes of importance:	SAW MILE DANK ata	· lcu
Other Coutributery Causes of importance:  Other Causes of inportance:  Other Causes of inportance:  Other Causes of inportance:  Other Causes of	Spout in this	
13. NAME  14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT (Addrass)  18. BURIAL, CREMATION, OR REMOVAL Place (Address)  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  10. FILED  11. STATE OF THE STATE OF		Othar Contributory Causes of importance:
What test confirmed diegnosis? Was thare an au'opsy?  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  Where did injury occur?  Specify whethar Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Addrass)  18. BURIAL, CREMATION, OB REMOVAL Placa  Pl		
What test confirmed diegnosis? Was there an au'opsy?  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT (Addrass)  18. BURIAL, CREMATION, OB REMOVAL Placa  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  20. FILED  21. INFORMANT (Signad)  What test confirmed diegnosis?  Was there an au'opsy?  22. If daath was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicida?  Date of injury  Specify city or town, country and State)  Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of injury  19. UNDERTAKER (Address)  16. So, specify  Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Signad)  Manner of injury  19. Was there an au'opsy?  20. FILED  (Specify city or town, country and State)  Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Signad)  Manner of injury  (Signad)  M. D.	I I I HAME	
What test confirmed diegnosis? Was there an au'opsy?  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT (Addrass)  18. BURIAL, CREMATION, OR REMOVAL Place (Address)  19. UNDERTAKER (Address)  20. FILED  20. FILED  21. Maiden  What test confirmed diegnosis?  Was there an au'opsy?  22. If daath was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicida?  Date of injury  (Specify city or town, county and State)  Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of injury  Nature of injury  19. UNDERTAKER (Address)  (Signad)  (Signad)  M. D.  M. D.  M. D.  Most test confirmed diegnosis?  Was there an au'opsy?  Accident, suicide, or homicida?  Accident, suicide, or homicida?  Date of injury  Need did injury occurr?  Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Sample of injury  Nature of injury  (Signad)  M. D.	14. BIRTHPLACE (city or town)	Nama of operation Date of
Where did injury occur?  Specify city or town, county and State)  Specify whethar Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Addrass)  18. BURIAL, CREMATION, OB REMOVAL  Placa  Plac		What test confirmed diegnosis? Was there an autopsy?
Where did injury occur?  Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Addrass)  18. BURIAL, CREMATION, OB REMOVAL  Placa  Pla	15. MAIDEN NAME Markle Isabel Inches	23. If daath was due to external causes (VIOLENCE) fill in also the following:
Where did injury occur?  Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Addrass)  18. BURIAL, CREMATION, OB REMOVAL  Placa  Pla	16. BIRTHPLACE (city or town) Kent Co.	Accident, suicide, or homicida? Date of injury, 19
17. INFORMANT (Addrass)  18. BURIAL, CREMATION, OB REMOVAL Placa  19. UNDERTAKER (Address)  20. FILED  20. FILED  21. INFORMANT Specify whethar injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of injury Nature of injury  24. Was diseasa or injury In any way related to occupation of dacaased?  If so, specify (Signad)  M. D.	(State or country)	Where did injury occur?
Placa Chestia Careless Date 15,1936  Nature of injury  19. UNDERTAKER Chestian Mailton (Address)  24. Was disease or injury In any way related to occupation of dacased?  If so, specify (Signad) M. D. M. D.	II. INFORMANT	Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
Placa Results Unable Date 15-1936 Nature of injury  19. UNDERTAKER Religion 19. University Date 15-1936 Nature of injury In any way related to occupation of dacased?  24. Was disease or injury In any way related to occupation of dacased?  If so, specify (Signad) M. D.	18. BURIAL, CREMATION, OF REMOVAL	Manner of injury
19. UNDERTAKER Calphy Usillon 24. Was disease or injury In any way related to occupation of dacassed?  (Address)  20. FILED M 14, 19.3 (  (Signad) (Signad) M. D.	Placa Chestin amelery Date //15, 1936	
20. FILED Jan 14, 19.36 W.J. Orichs (Signad) The Bear M.D.		- 130 mg
20. FILED	The state of the s	7/7///
	20. FILED AM 17, 19.3 6 W.J. of Victor. Resistrar.	(Signad) M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various purchits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	li di	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis FER	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July5,1927	Peritonitis	3 days ago
Land Market Control of the Control o			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	ADDITIONAL	SPACE FO	RFURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

1. PLACE OF DEATH  County / Kenn Co	Registration Dist. No. 2	
	No. St., St., If death occurred in a hospital or institution, give its NAME instead of street and numl	
2. FULL NAME Clause 4. Transaction (a) Residence: No. Melling the	St., Ward.  If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	Jan 3cg	(Year)
a. If married, widowed, or divorced HUSBAND of (or) WIFE of Property 9 Function 1 Control of (or) WIFE of (or)	to have occurred on the date stated above, at 2 43 dem.	eased from
8. Trade, profession, or particular kind of work done, as SPINNER, Platful farmers, SAWYER, BOOKKEPER, etc Platful farmers, as done, as SILK MILL.	were as follows:	ate of onse
SAW MILL, BANK, etc  10. Date deceased last worked at this occupation (month and y 22/2):    Saw Mill, BANK, etc   11. Total time (years)	Other Contributory Causes of importance:	931
14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of What test confirmed diagnosis? Was there an autor	
15. MAIDEN NAME Souch, A. Consegge 16. BIRTHPLACE (city or town) (State or country)  7. INFORMANT Many Many June (Address)	23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?  Where did Injury occur?  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
8. BURIAL, CREMATION, OR REMOVAL Place Assellington Mg. Date Jane: 7 - , 1935	Manner of injury	
9. UNDERTAKER A. A. Tobin & Sm. (Address) Millington Mil	24. Was disease or injury in any way related to occupation of deceased?	_
20. FILED Ares. 7 , 197? M. Prin.	(Signed) Muntt Pruce (Address) Includes he	M. I

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	ii ii	Example II	13.7
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritico 6 1030	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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19. UNDERTAKER

20. FILED

(Address)

STATE OF MARYLAND—	CERTIFICATE OF DEATH 00687		
1. PLACE OF DEATH	2		
County Kent	Registration Dist. No. 202		
Village or City Chestutown, md. (If	No. Kent & apper Julian annes Strucal Hours, detent occurred in a horpital or institution frive its NAME instead of street and number)		
2. FULL NAME Ballon Usellon	ds. How long in U.S. if of foreign birth?yrsmosds.		
(a) Residence: No. Chedelors   Mod (Usumplace of abode)	St., Ward.  If nonresident give city or town and State		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (purite the word)	21. DATE OF DEATH / 28 , 193 6		
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of  6. DATE OF BIRTH (month, day, and year) 1-28-36	22. I HEREBY CERTIFY. That I attended deceased from  28, 19, 36 to 2 s., 19, 36  1 last saw h		
7. AGE  Years  Months  Days  If LESS than  1 day,hrs.  orQmin.  8. Trade, profession, or particular kind of work done, as SPINNER,	to have occurred on the date stated above, at State m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Date of onset		
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc			
10. Date deceased last worked at this occupation (month and spant in this			
12. BIRTHPLACE (city or town) Chestertrus and	Other Contributory Causes of importanca:		
(State or country)  (State or country)  (State or country)	-		
13. NAME Kalphe H. Woellon  14. BIRTHPLACE (city of town) Club County	Name of operation Date of		
(State or country) md	What test confirmed diagnosis? Was there an autopsy? he		
# 15. MAIDEN NAME Desse Welkins-	23. If death was due to external causes (VIOLENCE) fill in also the following:		
15. MAIDEN NAME Juse Welking -  16. BIRTHPLACE (city of town). Kent Co, and	Accident, suicide, or homicide?		
State or couplry)	Where did injury occur?		
17. INFORMANT Calph Usellow (Address) They below, md	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.		
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury		

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

(Address)

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Registrar.

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Chronic interstitial nephritis B 4 1936	1921	Run over by street car	1 week ago	
Cerebral hemorrhade	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

BINDING

FOR

RESERVED

MARGIN

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

(Address)

Registrar.

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Example I	40	Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year